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LETTER DATED 25 JUNE 1992 FROM THE PERMANENT REPRESENTATIVE OF THE LIBYAN ARAB JAMAHIRIYA TO THE UNITED NATIONS ADDRESSED TO THE SECRETARY-GENERAL

We transmit herewith a memorandum showing the impact of the aerial embargo imposed on the Socialist People's Libyan Arab Jamahiriya under Security Council resolution 748 (1992) on the handicapped, the disabled and the elderly.

I should be grateful if you would have this memorandum circulated as a document of the Security Council.

(Signed) Ali Ahmed ELHOUDERI
Permanent Representative

290692

Annex

Memorandum showing the impact of the aerial embargo on the handicapped, the disabled and the elderly

The States of the world, including the Socialist People's Libyan Arab Jamahiriya, accord particular importance to the handicapped and the elderly. In this connection, Libya has taken the necessary measures to care for them and has provided the necessary services for their welfare and protection, in implementation of human rights requirements and in response to United Nations resolutions concerning the handicapped, the elderly and the disabled.

At a time when the Socialist People's Libyan Arab Jamahiriya was striving to develop its services and expand its programmes at the various levels in order to improve the situation of the handicapped by establishing rehabilitation and education institutions and centres for them and seeking to develop the level of those working in such facilities, Security Council resolution 748 (1992) was adopted. Hopes were frustrated, and the Libyan effort to provide care for these groups, who most urgently need the attention of society, were obstructed. The aerial embargo has led to the interruption or delay of the arrival of medical and paramedical personnel required by residential, rehabilitation and treatment institutions for the handicapped, the elderly and those suffering from chronic diseases, including persons of various ages and with various types of disabilities. The embargo has also halted the services provided by centres for the rehabilitation of the handicapped, particularly medical rehabilitation and medical treatment programmes, in view of the lack of the necessary medical equipment and materials. On top of all that, as a result of the embargo, many handicapped and elderly persons and other persons desperately needing medical treatment have either been unable to travel by other means, owing to their incapacity to bear the concomitant hardships, or have been obliged to travel by land, which has resulted in further complications of their condition. Moreover, the delay in access to treatment at the appropriate time has exposed the life of many of these patients to mortal risks.

We set forth below the specific data and information about the impact of the aerial embargo on activities relating to the disabled, the elderly and the handicapped:

I. Delay in the arrival of prostheses, aids and equipment for the handicapped, which has resulted in hardships for many of the disabled, who urgently need these materials in order to overcome the effects of their disability.

II. Interruption or delay in the arrival of medical and paramedical personnel required to work in centres and institutions. This has resulted in a decline in the level of medical services and the various kinds of care in these institutes and centres, which total 55 and provide residential services, medical, psychological and social care for handicapped persons, including the blind, the deaf, the dumb, the mentally retarded, the paralysed, those suffering motor disabilities and the chronically ill of various ages.

III. The emergence of many problems preventing the import of essentials required by the vocational rehabilitation centres for the disabled, such as workshops, tools, equipment, spare parts and operational materials. This has led to difficulties in the implementation of vocational rehabilitation programmes for the handicapped and prevented their employment and entry to production sites.

IV. Exposure of the disabled and the elderly who are forced to travel by land to numerous hardships and intolerable suffering. In addition, there is the hardship and suffering of those who need speedy specialized medical intervention, because it is impossible to transport them by flying ambulance to specialized hospitals in certain States of the world.

Furthermore, the aerial embargo imposed on the Socialist People's Libyan Arab Jamahiriya under the above-mentioned Security Council resolution has led to the emergence of the following problems:

1. Prevention of the use of the services and assistance of highly specialized experts and physicians in conducting examinations of certain refractory cases among the handicapped, the disabled and the elderly.

2. Prevention of continuity of contacts, and the strengthening of cooperation and coordination with specialized international organizations with regard to programmes for care of the disabled and rehabilitation and education of the handicapped; prevention of the use of the expertise and potentials of those organizations for the purpose of developing Libyan programmes for care and rehabilitation and the development of local and national expertise.

3. The difficulty of participating in regional and international conferences, symposia and meetings organized in the fields of care for the disabled, the elderly and the handicapped and the development of programmes for them so as to ensure the most suitable conditions for their care, protection, socio-psychological adjustment and integration in society. These difficulties arise from the formalities relating to the obtaining of an entry visa and the fact that Libyan delegations have to travel across other continents.

4. The difficulty of providing vaccines and sera for the prevention of disability. This has caused great deterioration in many serious cases that can lead to chronic illness and disability. This has been officially announced by the General People's Committee for Health, which has notified the World Health Organization and other relevant organizations of this fact.

5. Delay in the import of personal materials essential to the disabled, the elderly and the handicapped, such as dressings, urine bags, air-cushions and certain ointments and drugs that are required by the handicapped and the elderly because of their handicaps and the conditions of age.